

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT'S

09/674720

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3					
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43					
44					
45					
46					
47					
48					
49					
50					
TOTAL IND.		5			
TOTAL DEP.			5		
TOTAL CLAIMS		13	24		
PTO-12 (3-78)		18	29		

TOTAL  
IND.  
TOTAL  
DEP.  
TOTAL  
CLAIMS

13  
24  
18  
29